



Initial Review
BOX AF

#14 6323
Recd. For FR
PATENT 6/25/97
DK

Attorney's Docket No. F-3278

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Skeem et al.

Serial No.: 08/616,538

Group No.: 3203

Filed: March 15, 1996

Examiner: G. Nguyen

for: Metal Single Layer Abrasive Cutting Tool Having A Contoured Surface

Commissioner of Patents and Trademarks
Washington, D.C. 20231

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JUN 04 1997
GROUP 3200

GN
6/2/97

AMENDMENT, PETITION AND FEE TO ADD TO ORIGINALLY NAMED
INVENTOR(S) (37 CFR 1.48(a))

This amendment and petition is made to correct the incorrect original naming of inventor(s) under 37 CFR 1.48(a) and add the following previously unnamed person as an inventor of this application: Jean Kramp.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to

06/03/1997 LUTELIAN 00000099 DAN:141400 08616538
Sale Ref: 00000100 DAN:141400 08616538
01 FC:122 Date: 130.00 88,1997

Patents and Trademarks, Washington, D.C. 20231

Suzanne G. Gendreau

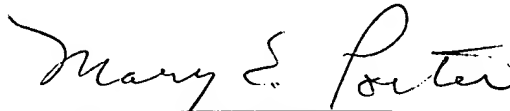
(Typed or print name of person mailing paper)

Suzanne G. Gendreau

Attached are:

- a. A statement of facts verified by the original named inventor(s) establishing when the error without deceptive intention was discovered and how it occurred and the diligence with which this petition and amendment is being made with respect to these facts.
- b. A declaration by each of the actual inventor(s) as required by 37 CFR 1.63.
- c. The written assent of the assignee, Norton Company to add to the originally named inventors.

Please charge Account 14-1400 the sum of \$130.00 for the fee required under 37 CFR 1.17(h). A duplicate copy of this amendment is provided for this purpose.



Signature of Attorney

5-28-97

Reg. No. 33,440

Mary E. Porter

Type or print name of attorney

Tel. No.: (508) 795-2555

NORTON COMPANY

1 New Bond Street, MS 412-101

Box Number 15138

P. O. Address

Worcester

City

MA

State

01615-0138

Zip Code

18619

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees:37CFR 1.17(a)-(d) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$195.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,470.00	\$735.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

(Amendment Transmittal [9-19 - page 2 of 4])

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE OR RATE ADDIT. FEE
TOTAL	. 34	MINUS .. 34	= 0	X 11 = \$	X 22 = \$
INDEP.	. 5	MINUS ... 5	= 0	X 39 = \$	X 80 = \$
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +125=				\$ +260= \$
				TOTAL ADDIT. FEE \$	OR TOTAL ADDIT. FEE \$

. If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col.3.

.. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

... If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col.1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection Action (\$ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37CFR \$ 1.116(a) (emphasis added).

(Complete (c) or (d) as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$_____

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$_____

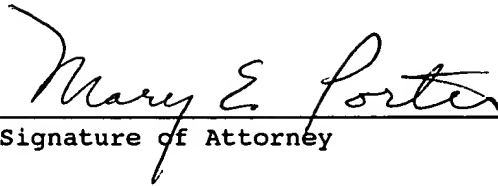
☐ Charge Account No. _____ the sum of
\$_____.

A duplicate of this transmittal is attached.

6. ☒ If any additional extension and/or fee is required, charge
Account No. 14-1400.

(Amendment Transmittal [9-19] - Page 3 of 4)

[x] If any additional fee for claims is required, Charge Account
No. 14-1400.



Signature of Attorney

Reg. No.: 33,440

Mary E. Porter
Type or print name of attorney

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☒ other than a small entity

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Date: May 30, 1997

Suzanne G. Gendreau

(Typed or print name of person mailing paper)

Suzanne G. Gendreau

(Signature of person mailing paper)